



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: HARRIS METHODIST FORT WORTH 3255 WEST PIONEER PARKWAY ARLINGTON TX 76013	MFDR Tracking #: M4-07-2431-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: AMERICAN HOME ASSURANCE CO Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "We have found in this audit that you have not paid the appropriate reimbursement according to the Acute Care Inpatient Hospital Fee Guideline. This is considered a 'trauma' admit and is exempt from the per diem rates. We are not with the understanding that TWCC intended for the reimbursement on trauma claims to be *less than* the applicable fee schedule. According to information we have received from TWCC regarding a medical billing database for services in 2004, trauma claims received and average payment that was 48.2% of charges. Because this information was acquired from TWCC from a Medical Dispute filed, we are considering this to be a 'fair and reasonable' calculation for trauma reimbursement."

Amount in Dispute: \$7762.05

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The DOS is 3/16/2006 through 3/19/2006. The bill is dated 10/19/2006 and was not submitted for payment within 95 days of the date of service." "The Requestor forfeits right to payment by not submitting the bill for payment within 95 days of the DOS. Requestor is not entitled to reimbursement. Texas Labor Code §408.027(a)."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Denial Code(s)	Disputed Services	Amount in Dispute	Amount Due
3/16/2006 through 3/19/2006	29, BL, 18, 16, 42	Inpatient Hospital Services for Trauma Admission	\$7762.05	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2005, sets out deadline for timely submitting the medical bills to the insurance carrier.
2. Division rule at 28 TAC § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005, sets out rules to determine when written documentation was sent.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 9/13/2006

- 29-The time limit for filing has expired.
- BL-For all reconsiderations/adjustments/payment dispute requests please submit a copy of this EOR.
- 18-Duplicate claim/service.

Explanation of benefits dated 10/10/2006

- 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
- 42-Charges exceed our fee schedule or maximum allowable amount.
- 42-This line was included in the reconsideration of this previously reviewed bill.
- BL-This bill is a reconsideration of a previously reviewed bill.
- BL-Additional allowance is not recommended as this claim was paid in accordance with state guidelines, usual/customary policies, or the provider's PPO contract.

Issues

1. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027(a) and Division rule at 28 TAC §102.4(h)?

Findings

1. The respondent's position summary states that "The DOS is 3/16/2006 through 3/19/2006. The bill is dated 10/19/2006 and was not submitted for payment within 95 days of the date of service." "The Requestor forfeits right to payment by not submitting the bill for payment within 95 days of the DOS. Requestor is not entitled to reimbursement. Texas Labor Code §408.027(a)."

Texas Labor Code §408.027(a), states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

Division rule at 28 TAC § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

A review of the documentation submitted finds the requestor submitted a copy of a hospital bill that has a creation date of 10/19/2006, and EOBs that indicate that the respondent received the bill on 9/8/2006 and 9/30/2006. The requestor did not submit a fax confirmation report, personal delivery or electronic transmission report, postmarked mail or signature date on written communication to support the position that the medical bill was sent timely.

The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code Section §408.027(a).

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support that the disputed medical bill was submitted timely in accordance with Texas Labor Code §408.027(a). For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

10/1/2010

Date

Authorized Signature

Medical Fee Dispute Resolution Manager

10/1/2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.